



CITY OF BELLEVUE
TAX DIVISION
 PO BOX 90012
 BELLEVUE, WA 98009-9012

Owner Name
UBI
OFFICE USE: City Reference

CITY OF BELLEVUE PERSONAL/CRIMINAL HISTORY

NOTE: New businesses - this document must be submitted on an active registered business or at time of application and a Cabaret OR Adult Cabaret Establishment Addendum. **Renewing businesses** - submit this document with a completed Renewal Application for Adult Cabaret License and Business License Renewal Application. Applications are subject to approval by the Bellevue Departments of Development Services, Finance, Police and Fire.

PLEASE TYPE OR PRINT IN DARK INK.

- Cabaret** - Complete one sheet for each owner, partner, corporate officer and manager, Sections A and B ONLY.
- Adult Cabaret Establishment** - Complete one sheet for each owner, partner, corporate officer or others holding a significant interest in the management or operation of this business, Sections A, B, C and D.

A PERSONAL INFORMATION

- I am the: owner partner corporate officer manager
- Full Name (Last, First, MI): _____
 Aliases or prior names: _____
 Social Security No: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ Driver's License No: _____
 Business Address: _____
 Mailing Address: _____
 Residential Address: _____
 Business Telephone: _____ Home Telephone: (____) _____ Title: _____
 Interest in Business: _____

B CRIMINAL HISTORY

- Please list any and all criminal convictions or forfeitures within five years immediately preceding the date of this application, other than parking or minor traffic infractions (use additional sheets if needed):

Date of conviction	Nature of Crime	Name & Location of Court	Disposition

C EMPLOYMENT HISTORY (FOR ADULT CABARET ESTABLISHMENT ONLY)

1. Provide your business, occupation or employment history for the past three years (attach additional sheets if needed):

Name of Business	Dates	Nature of Business, Occupation or Employment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

D REQUIRED ATTACHMENTS (FOR ADULT CABARET ESTABLISHMENT ONLY)


Submit the following with this application:

- Attach two 2" x 2" color photographs (passport quality) of this owner, partner, corporate officer or interested party. Photographs must have been taken within six months of the date of this application and show only the full face.
- Attach a complete set of fingerprints, taken by the Bellevue Police Department, for this owner, partner, corporate officer or interested party.

AUTHORIZATION FOR THE CITY OF BELLEVUE:

I hereby authorize the City of Bellevue, its agents and employees access to information pertaining to this company, its owners, partners or corporate officers as required to verify and confirm statements made in this application and its attachments.

Signature Title Date

 For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-6800 (voice) or email tax@bellevuewa.gov. For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.

